

## **In-Home Support**

**Definition:** Care, supervision, teaching and/or assistance provided directly to or in support of the participant and provided in the participant's home, family home, and/or the home of others. Community activities that originate from the home will be provided and billed as In-Home Support. These services are necessary to enable the person to live in the community by enhancing, maintaining, improving or decelerating the rate of regression of skills necessary to continue to live in the community.

Transportation can be provided between the home and community activities locations as a component part of this service. The cost of transportation is included in the rate paid to providers of this service.

In-Home Support may be chosen in lieu of provider managed services included in this waiver (Personal Care, Respite).

In-Home Support is a self-directed (or representative-directed) service. That means that the participant or representative is responsible for hiring and supervising the worker(s) who performs the service.

**Note:** Relatives/family members of a waiver participant may be paid to provide In-Home Support Services when the relative/family member is not a legally responsible relative/family member and he/she meets all South Carolina Medicaid provider qualifications. Please see Department Directive 736-01-DD entitled "Relatives/Family Members Serving as Paid Caregivers of Certain Medicaid Waiver Services".

**Providers:** In-Home Support Services are provided by an independent worker(s) who is chosen and supervised by the participant or his/her representative.

### **Conflict Free Case Management:**

In order to honor choice and prevent conflicts of interest, providers of Waiver Case Management services must not provide any other waiver service to the same person. When there is a conflict, the WCM will help the participant understand why a conflict exists and offer a choice of either another WCM provider or another waiver service provider. The Case Manager must then transition the participant to the chosen provider within 60 days.

**Arranging for the Service:** If the person is determined to have needs that can be met through the provision of In-Home Support and is supported in the participant's Plan, this service should be considered and offered to the participant as an option. The need for the service must be requested through the SCDDSN Waiver Administration Division. For adults (age 21 and over), to assess the need for In Home Support services, the Waiver Case Manager must complete the SCDDSN Personal Care/Attendant Care Assessment and the SCDDSN Respite Assessment prior to authorizing the service. Both assessments must be completed annually, face to face, for the duration of the service to be included with the Annual Assessment and as changes/updates are requested. To assess the need for In Home Support services, for children (age 0-21), the Waiver Case Manager must complete the SCDDSN

Respite Assessment, prior to authorizing the service and annually face to face for the duration of the service to be included with the Annual Assessment and as changes/updates are requested.

The need for and the offering of In-Home Support must be clearly documented. This offering must include detailed information about the benefits and responsibilities of self/representative direction. The **Benefits/Responsibilities Discussion Guide** found in this chapter may be used to guide your discussions, as well as the **In-Home Support Employer Responsibilities Tool (Appendix 1)**

**Note:** All forms and documents for In-Home Support are accessed through “Business Tools” in the DDSN Application Portal. IRS forms can be found at <https://www.irs.gov/forms-instructions>.

### **Technical Assistance**

If, at anytime, the participant who will direct the service needs assistance or support regarding the decision to direct the service, assistance is available through University of South Carolina’s Center for Disability Resources. This service is free of charge to Community Supports Waiver participants. To arrange for assistance or support, complete the **Center for Disability Resources Request for Technical Assistance for the Community Supports Waiver (Community Support Form IH-6)** and send via fax to the location noted on the form.

If after the initial discussions, the participant desires self/representative direction, the **Employer Pre-Screening (Community Supports Form IH-3)** should be completed in order to assure that the participant/representative has no communication or cognitive deficits that will interfere with direction. The WCM is required to complete the **Employer Pre-Screening** for any participant/representative interested in serving as the Employer.

If self/representative direction is determined to be appropriate and is still desired, more information about the risks, liabilities, role of Fiscal Agent, hiring/firing of worker(s) and management of worker(s) must be provided. Topics to include in the discussion should include:

- Worker(s) responsibilities and duties
- Infection control practices
- Back-up plan
- Safety checklists
- Recruitment and interviewing of worker(s)
- Importance and how to do reference checks
- Enrollment requirements for worker(s)
- Employer of Record Responsibilities
- Enrollment with the fiscal agent
- In-Home Support billing/Direct Deposit
- Conflict resolution
- How to handle termination of a worker(s)

Once In-Home Support services are chosen, the service must be requested to the SCDDSN Waiver Administration Division. Once it is approved, proceed with the enrollment process.

**Enrollment:** When a participant/representative decides to act in the capacity of the Employer (Employer of Record), he/she must complete the Employer enrollment process prior to assuming any duties. The WCM must supply the forms listed below to the Employer for his/her completion. Forward the completed forms to the Fiscal Agent for the Employer of Record enrollment to be processed:

- ✓ IRS Form SS-4
- ✓ IRS Form 8821
- ✓ IRS Form 2678
- ✓ Participant Information Sheet

These items are listed on the **Checklist of Needed Items (Community Supports Form IH-4)**.

**NOTE:** The most current IRS tax forms can be found at <http://www.irs.gov>.

**Note:** The Employer will receive a Federal Tax ID number from the Federal Government in the mail. That Tax ID number must be forwarded to the Fiscal Agent.

When the Employer process is completed, the Employer may begin recruiting workers and begin the process of employing whoever was chosen. Once a worker is chosen, the Employer must gather needed information about the worker [see the “worker” section of the **Checklist of Needed Items (Community Supports Form IH-4)**]. Once the Employer gathers this information, it will be submitted to the WCM to check for accuracy and completeness. If accurate and complete, forward the information to the Fiscal Agent. All information must be verified and updated as required.

#### **Authorization for Services**

The Fiscal Agent will notify the WCM once they have completed the enrollment process. To initiate the service following approval, an electronic authorization must be completed and submitted to the Fiscal Agent. The authorization must be made out to the Fiscal Agent. The Waiver Case Manager must also forward a copy of the service authorization to the waiver participant. Services must be authorized annually at the time of the Support Plan, and as changes are made to the service throughout the plan year

**Monitoring the Services:** The WCM must monitor the service for effectiveness, frequency, duration, benefits, usefulness and the participant’s satisfaction of the service. Monitoring may be completed with the participant, representative, service providers, or other relevant entities. Information gathered during monitoring may lead to a change in the service, such as an increase/decrease in units authorized, change of provider, change to a more appropriate service, etc. DDSN recommends that the Waiver Case Manager monitors this service when it begins and as changes are made. The following schedule should be followed when monitoring In-Home Support Services:

- ❖ Yearly on site monitorship required

Monitoring must be conducted as frequently as necessary in order to ensure:

- the health, safety and well-being of the participant;

- the service adequately addresses the needs of the participant;
- the service is being furnished by the chosen provider in accordance with the authorization, relevant policies and quality expectations;
- the participant/representative is satisfied with their chosen provider/s.

Some items to consider during monitorship include:

- Has the participant's medical status changed since the last contact?
- Review the In-Home Support time sheets to ensure hours and services are being provided as authorized.
- Are all applicable services being provided as discussed?
- Is the participant satisfied with the result of this service?
- Does the participant feel that the provider is responsive to their needs?
- Does the participant feel that there is a good relationship with the worker(s)?

**Note:** Waiver Case Managers are expected to monitor the services with the same frequency as would be required if provided by a non-relative caregiver.

**Reduction, Suspension, or Termination of Services:** If services are to be reduced, suspended, or terminated, a written notice must be forwarded to the participant or his/her legal guardian including the details regarding the change(s) in service, allowance for reconsideration, and a ten (10) calendar day waiting period before proceeding with the reduction, suspension, or termination of the waiver service(s). See **Chapter 8** for specific details and procedures regarding written notification and the reconsideration process.

### **In-Home Support Benefits and Responsibilities Discussion Guide**

The WCM is responsible for making sure that the participant understands the pros and cons of all the options that they are considering. In-Home Support is a special program that requires the participant/responsible party to actually be an “Employer” of a “Worker” and maintain all paperwork and requirements needed to perform this task. The following are a few of the responsibilities of a participant/responsible party becoming an “Employer”:

**BENEFITS OF BEING THE EMPLOYER:**

- You have more control over who provides your care/services
- You have more control over how your care is organized/carried out

**RESPONSIBILITIES OF BEING THE EMPLOYER:**

- You must find and hire qualified workers
- You must tell the worker what you want done, when to do it and how to do it (supervise)
- You must verify that information submitted by the worker regarding time worked is accurate.
- You must verify and ensure service units provided do not exceed the amount approved on the plan and authorized.
- You must fire workers when their services are not longer desired.